



FEDERATION CREDENTIALS VERIFICATION SERVICE
(FCVS)

INSTRUCTIONS APPLICATION and FORMS

Version 3.02

GENERAL INFORMATION

The Federation Credentials Verification Service (FCVS) is operated by the Federation of State Medical Boards of the United States, Inc. (Federation), a national nonprofit organization that provides services for state medical and osteopathic licensing authorities in the U.S., Guam, Puerto Rico and the Virgin Islands. Its primary purpose is to provide a centralized, uniform and secure process for state licensing authorities—as well as private, governmental and commercial entities—to obtain a verified, primary source record of a physician’s “core” credentials.

By using FCVS to verify your credentials, you will establish a permanent repository of primary source-verified documents. Once your file is established, these documents will be available for your use at any time. The documents that FCVS verifies and stores for you fall into the following categories:

- Identity
- Medical Education
- Postgraduate Training
- Examination History (state licensing authorities only)
- Board Action / Disciplinary History
- ECFMG Certification (if applicable)

Based on the verification of the above, a “Physician Information Profile” (Profile) is compiled and forwarded to the entity you specify in your application. FCVS will forward your Profile to any entity of your choice, including, but not limited to: state licensing authorities, hospitals, employers and professional memberships. The most recent list of state licensing authorities is available by calling 1-888-ASK-FCVS, or via the internet at www.fsmb.org.

The enclosed application is designed specifically for **initial** verification of your credentials. If you have previously established your repository of credentials with FCVS and wish to forward those credentials to another entity, you must obtain a “Subsequent Request” Packet. Do not use the enclosed initial application for subsequent requests. You may obtain a Subsequent Request Packet by calling 1-888-ASK-FCVS, or downloading it via the internet at www.fsmb.org. **[Note:** Your state licensing authority will likely have its own application for licensure that is separate from the FCVS application. Applications for licensing authorities received at FCVS will be promptly returned.]

Note: FCVS does not issue medical licenses. This function is performed only by state licensing authorities. Furthermore, licensing authorities will require verification of other information and credentials you possess in addition to those verified by FCVS.

Glossary of Acronyms Used Within the Application

| | |
|--------|------------------------------------------------------|
| ECFMG: | Educational Commission for Foreign Medical Graduates |
| FCVS: | Federation Credentials Verification Service |
| LMCC: | Licentiate of the Medical Council of Canada |
| NBME: | National Board of Medical Examiners |
| NBOME: | National Board of Osteopathic Medical Examiners |
| FLEX: | Federation Licensing Examination |
| SPEX: | Special Purpose Examination |
| USMLE: | United States Medical Licensing Examination |

INSTRUCTIONS FOR COMPLETING THE FCVS APPLICATION

Read these instructions and those throughout the application packet carefully before completing the application. **Failure to submit all required information and appropriate documentation may result in processing delays.** All of the information provided herein is subject to change.

I. GENERAL INSTRUCTIONS

Please refer to the following instructions before completing the FCVS Application:

1. Make a copy of the application before you begin should you make a mistake.
2. Type your information or print in blue or black ball-point pen. FCVS Analysts will not interpret or make assumptions about the information you report in your application. Illegible information may result in processing delays.
3. Provide a response to **each** piece of information in the application packet. Items that are not applicable should be marked with an "N/A," for Not Applicable. You will be required to clarify, in writing, any items that are left blank on the application.
4. Include **all** components of the requested information, especially complete names and addresses of institutions. Failure to submit full addresses may result in delays.
5. To avoid delays and misidentification, double-check spelling and accuracy of the information you provide.
6. Print your full last name at the top of each page of the application form in the space provided.
7. For reference, make a copy of your completed application before you send it to FCVS.

II. TOLL-FREE CUSTOMER SUPPORT LINE

FCVS' toll-free customer support line is staffed Monday–Friday, 8:00 a.m.– 5:00 p.m., CST. Support personnel is prepared to answer questions about how to complete the FCVS application, as well as to provide general status of your application once received. "General status" is defined as confirmation of whether or not a specific document and/or verification has been received by FCVS. Further specific information about your packet (which requires speaking directly with your assigned analyst) is not available until after 60 days from the date FCVS receives your application. Please have your Packet ID Number available when you call.

Note: FCVS receives a large number of status calls daily. In order to expedite processing, please allow AT LEAST 30 days before inquiring about the status of your application.

All information concerning your FCVS file is considered highly confidential. If you desire to have a third party inquire about the status of your application (e.g., credentialing organization or office staff), you must designate this individual in Section 11 of your FCVS Application. FCVS analysts will NOT discuss your file with any other individual(s) without your written consent.

You may contact FCVS at the following toll-free number:

| |
|-------------------------------------------|
| 1-888-ASK-FCVS (1-888-275-3287) |
|-------------------------------------------|

III. COMPLETING THE APPLICATION

Most instructions for completing the FCVS application are located in the left column of the application; however, you should carefully read each of the following sections to avoid common mistakes. Please complete all components of the application that are applicable to you. **Do not estimate dates.**

Note: If the information obtained from the primary source differs from what you provide in your application, you may be required to clarify such discrepancies in writing. For purposes of documentation, all correspondence used to clarify discrepancies will be provided to the medical board from which you are seeking licensure.

IV. COMPLETING THE REQUIRED FORMS

All of the following forms are critical to begin processing your application. Please be sure that **each** element of the forms is completed as required; otherwise, you will be required to complete an entirely new form.

Affidavit and Release from Applicant Form

Complete this form and sign it in the presence of a notary. Attach a recent (less than six months) 2" x 2" passport quality color photograph of yourself (alone) to this form in the designated space. Photographs must be clear, front view, full face without a hat or dark glasses. Full-length photos, black and white or computer-generated photographs will not be accepted. Sign your name across the bottom of the front of the photograph. Do not sign on the back of the photograph. Be certain that the notary follows the directions listed on the form.

Authorization and Release of Information, Documents and Records

This form will be included with all correspondence to your source institutions. Complete the information requested and attach a recent (less than six months) 2" x 2" color photograph of yourself (alone) to this form in the designated space. Photographs must be clear, front view, full face without a hat or dark glasses. Full-length photos, black and white or computer-generated photographs will not be accepted. Sign your name across the bottom of the front of the photograph. Do not sign on the back of the photograph.

NBME Examination History Release (if applicable)

Complete this form if you have ever taken any or all "Parts" of the National Board of Medical Examiners (NBME) examination (i.e., Parts I, II or III). This form will be included with FCVS' request for your NBME score transcripts. If you do not know your NBME Identification Number, write "unknown" in the required space. NBME will be able to process your request based upon the biographic information you provide on the form. Please do not call NBME to request your Identification Number. NBME has requested that you provide your current address in the space provided (optional) in order to update their database.

V. REQUIRED DOCUMENTS

The following documents must be submitted with your FCVS application. Omitted documentation will result in processing delays.

Certified Birth Certificate or Original Passport

You must submit either a certified birth certificate (obtained directly from the issuing agency) or your original passport (expired passports are acceptable). A certified Birth Certificate is preferred. If you submit a passport, you must include a written explanation as to why your birth certificate is not available. Be certain that your passport is signed. Unsigned passports will not be accepted.

Photocopies (including notarized photocopies) will not be accepted. Certified birth certificates must bear an official seal (or stamp) and a signature of an authorized representative of the issuing institution. Passports will be photocopied (identity section only) and promptly returned to your mailing address via United States Postal Service Certified Mail. Certified Mail is not available outside the U.S. Applicants with return addresses outside the U.S. must make special mailing arrangements to have their passports returned. Typically, passports are copied and mailed within two to five business days. Certified birth certificates become a permanent part of your file and will not be returned.

Photocopy of Medical School Diploma

You must submit a legible 8½ x 11 photocopy of your medical school diploma with your application. Photocopies that are larger than 8½ x 11 will not be accepted. Diplomas must clearly display the following:

1. The name of the institution
2. The institution's official seal (or stamp) and a signature of an authorized representative
3. Your name
4. The degree awarded
5. The date degree was awarded

If this document is in a language other than English, see the translation information under Section VI: Fees. FCVS will obtain translations of diplomas in Latin directly from the issuing institution.

V. REQUIRED DOCUMENTS (continued)

Documentation of Use of Alternate Name

You are required to document all Alternate Names (i.e., any name that you have used in the past). To do this, you may: 1) submit a legal document which explains the use of such name (e.g., marriage certificate, name change documents, etc.), **or** 2) provide a written explanation of the use of such name. If you choose option #2, you must use the Explanation of Alternate Name Form (enclosed). This explanation will be included in your Profile.

Photocopy of ECFMG Certificate

If you are certified by the ECFMG, you must submit a photocopy of your ECFMG certificate. FCVS will only accept certificates that clearly display the following:

1. The ECFMG name, insignia and a signature of an authorized representative
2. Your name
3. Your certificate number
4. The date issued

Photocopies of Medical School Documents (International Graduates Only)

Since obtaining primary source verification from medical schools outside the U.S. can be time consuming, FCVS recommends that you submit photocopies of your medical education credentials (including translation, if necessary) with your FCVS application. This allows FCVS to perform various processing steps prior to the arrival of your primary source-verified documents and may expedite overall processing time. **Do not send original documents.**

These documents will not be considered “verified” by the primary source, and will only be included in your final Profile in certain cases. FCVS has agreements with each state licensing authority about how to process your file if institutions outside the U.S. do not respond to our verification requests. In some states, FCVS is allowed to include applicant-provided documents if institutions do not respond within a specific time frame. In other states, primary source verification is required for licensure.

VI. FEES

Please follow these instructions to complete the “Fee Calculation” section of the application. To avoid processing delays due to incorrect fees, please call FCVS’ toll-free customer support line. Credentials Inquiry Specialists will assist you with calculating your fees.

A. Initial Application Processing Fee

The base processing fee to establish your initial FCVS Profile is **\$250**. This fee entitles you to have your Profile sent to **one** recipient. In addition to the base fee, other applicable “surcharges” may apply. Surcharges are assessed for Examination Score Transcripts (section C), Confirmation of ECFMG Certification (section D) and passport shipping and handling (section E).

B. Subsequent Requests

Subsequent Profiles may be forwarded for a fee of **\$50** for **each** additional mailing, plus applicable surcharges. To forward subsequent Profiles after your initial application has been submitted, you must complete a separate Subsequent Request Packet. You may obtain this packet by contacting our toll-free customer support line or by downloading the full version at the Federation’s website at www.fsmb.org (requires Adobe® Acrobat™ Reader 3.01).

C. Examination Score Transcripts

Each organization that provides FCVS with examination history (transcripts) has a unique fee structure. Please review the following instructions carefully. Do not request transcripts on your own behalf. FCVS will not accept, substitute, or waive surcharges for any transcript requested by applicants. **Transcripts are required for state licensing authorities only.** Do not include transcript surcharges for other entities (i.e., hospitals, medical societies), or if you are “Undecided” about where your Profile should be sent.

VI. FEES (continued)

C. Examination Score Transcripts (continued)

1. USMLE Steps 1, 2 and 3 Pre-1985 FLEX

FLEX Component 1 and 2 SPEX

The Federation issues an examination history report which includes all of the above examinations. The fee for this transcript (which includes a complete report of all of the above examinations, including failing attempts) is **\$40**. Note: FCVS does not store these transcripts. You must submit the appropriate fee for **each** Profile being forwarded.

Those who have taken a USMLE “Step” in combination with an NBME “Part” should only submit surcharges for the NBME transcript (see NBME Part I, II and III below). The NBME transcript reports all USMLE Step history.

2. NBME Part I, II and III

FCVS obtains verification of your NBME examination history according to the requirements of the medical licensing authority(ies) where you are having your Physician Information Profile sent. Medical licensing authorities have the option of requiring either of two “types” of NBME examination verification. Please locate the state(s) listed below to determine which NBME examination fee you should include with your application.

- 1) NBME Endorsement of Certification AZ, CA, OH and MD
- 2) NBME Record of Scores All other medical licensing authorities and entities that accept FCVS documents

The Endorsement of Certification is **\$40** for the first request, and **\$20** for each request thereafter. The Record of Scores is **\$40** for up to ten (10) transcripts, and **\$5** for each additional transcript requested **at the same time**. Note: FCVS does not store NBME transcripts. You must submit the appropriate fee for **each** Profile being forwarded.

Note: Many applicants confuse NBME Parts with USMLE Steps. Please be certain to accurately report your examination history. Misreporting these examinations in your application will result in processing delays and additional surcharges.

3. National Board of Osteopathic Medical Examiners (NBOME)

The NBOME transcript reports to FCVS a complete examination history, including dates of failing attempts. The NBOME allows **one** (1) transcript to be forwarded to the entity of your choice free of charge after completion of the NBOME examination sequence (must be within the same calendar year). Transcripts thereafter are forwarded for a fee of **\$40**. If you have forwarded transcripts from the NBOME to any other entity prior to the date of your FCVS application, you must submit **\$40** for each transcript request. Note: FCVS does not store NBOME transcripts. You must submit the appropriate fee for **each** Profile being forwarded. If you designated FCVS as the recipient of your first transcript, you must indicate so in Section 20, Fee Calculation so that a duplicate transcript is not requested.

4. Licentiate of the Medical Council of Canada (LMCC)

The Medical Council of Canada (MCC) provides FCVS with a statement confirming your registration as a Licentiate of the Medical Council of Canada as well as the scores received on the Council’s examinations. FCVS collects **\$75** to offset MCC fees (and exchange rates) for this service. FCVS has been given permission to store and reproduce this verification and therefore requires that you submit this fee **only one time** with your initial application.

5. State Board Examinations (some states do not apply)

Each medical licensing authority has a different fee for their respective examination transcript. If you have taken a state board examination, please call FCVS’ toll-free number for the appropriate amount.

Note: State board examinations were developed and administered specifically by medical licensing authorities. Some states do not apply. Do not confuse these examinations with national licensing examinations such as the FLEX, NBME, NBOME or USMLE.

VI. FEES (continued)

D. ECFMG Certification

If you are certified by the ECFMG, FCVS will obtain written confirmation of your certification directly from ECFMG. ECFMG charges a **\$25** fee for this confirmation. Note: FCVS does not duplicate documents provided by the ECFMG. You must submit the **\$25** fee for **each** Profile being forwarded.

E. Shipping and Handling

Applicants submitting a passport to verify identity must submit a **\$5** shipping and handling fee to cover charges incurred to return it via certified mail. **The postal service cannot deliver certified mail outside the U.S.** If your mailing address is outside the U.S., you must make special arrangements for the return of your passport. Please call 1-888-ASK-FCVS to discuss mailing options.

Graduates of medical schools outside the U.S. or Canada may choose to have FCVS send verification forms to addresses outside the U.S. via Federal Express (FedEx®) International Economy Letter Class. A FedEx® account number is required (see Section 16 - Express Mail, Application page 5). FCVS charges a one-time **\$15** handling fee for this service. All FedEx® charges will be billed to the account number provided in Section 16.

OTHER FEE INFORMATION

Translation Fee

Any document(s) written in a language other than English that is received and/or verified by a primary source must be translated by FCVS' professional translation service. FCVS does not accept translations from any other source. FCVS will send you an invoice for the amount of the translation once the translation is complete. FCVS will add a one-time processing fee of **\$15** to all translation charges at the time of invoice.

Insufficient Funds

Checks returned for insufficient funds will be assessed a **\$25** fee. Processing of your application will be suspended until a cashier's check or money order covering the original application fee **plus the \$25 fee** is received.

Payment

Make your check or money order payable in U.S. dollars to **Federation Credentials Verification Service**. Do not send cash with your application.

Cancellation Policy

A significant portion of application processing occurs immediately after applications are received; therefore, requests for cancellations must be submitted in writing within five business days from the date FCVS receives your application. In all cases of cancellation, a **\$50** processing fee will be deducted. **No refunds will be granted after five business days.**

"Undecided" Applicants

The "Undecided" category (see Application, Section 19) is designed to accommodate those physicians who wish to begin the process of establishing their core credentials but have not yet designated an entity to receive their Profile. "Undecided" applications will be fully processed except for the examination score transcript (which is dependent upon recipient). Do not remit fees for Examination Score Transcripts at this time. Once you designate a recipient of your Profile, FCVS will invoice you accordingly. At the time all verification is received, you will be notified in writing that your file has been processed and prompted to designate a recipient.

Recipient Designation Change Fee

If you change the recipient of your Profile while your application is still pending (including a change to "Undecided" status), you will be assessed a **\$15** change fee, plus applicable surcharges necessary to obtain new examination score transcripts (if necessary). Applications originally designated as "Undecided" (see above) are exempt from this fee. To change your recipient designation, contact our toll-free customer support line to receive a Recipient Designation Form.

Overpayment

FCVS will send you a letter notifying you of a credit balance (overpayment) on your account at the time your Profile is forwarded to all entities designated in your application. You must submit a written request (with address verification) to receive this refund.

VII. SUBMITTING YOUR FCVS APPLICATION MATERIALS

For submission to FCVS, please assemble and secure your application materials in the following order:

1. Check or Money Order (in the upper left-hand corner)
2. FCVS Application Pages 1-8 (do not omit pages, even if a page was not applicable to you)
3. Affidavit and Release Form
4. Authorization for Release of Information, Documents and Records Form
5. NBME Examination History Release (if applicable)
6. All Other Attachments

These materials **must** be mailed via the U.S. Postal Service to the P.O. box listed below. Mail received at the Federation's Fuller Wiser Road address will be delayed by at least 5 business days and will be assessed a \$15.00 handling fee.

Federation Credentials Verification Service
P.O. Box 970900
Dallas, TX 75397-0900

*To avoid delays and additional processing fees, do **NOT** send applications to the Federation's Fuller Wiser Road address.*

FCVS will send a confirmation letter to acknowledge receipt of your application after it is reviewed. If you desire more timely confirmation, we suggest that you send your application certified mail (using Return Receipt option).

VIII. PROCESSING YOUR APPLICATION

Application Review and Processing

Upon receipt, your application is carefully inspected to ensure all documents, required forms and fees have been submitted in accordance with established requirements. If your application is deemed acceptable to process, your Analyst will begin verification with your primary sources. If you omit any required information, documents or fees, you will be required to resolve and/or supply each outstanding component. In some cases, processing may be suspended until all requirements are satisfied.

For documentation purposes, all clarification of problems and/or subsequent submissions must be submitted in writing. Analysts cannot record information into the FCVS database without written documentation.

Verification with Primary Sources

The information you provide in your application is used by FCVS to verify your credentials. To verify the information you provide, FCVS sends a series of letters and special verification forms directly to the institutions you list in your application. FCVS **must** initiate all requests for primary source verification. Do not attempt to expedite the verification process by making these requests yourself. FCVS will not accept documents from primary sources that the physician has requested. FCVS will not be responsible for any expenses incurred by applicants who make verification requests on their own behalf.

Quality Assurance

All Physician Information Profiles are subjected to a comprehensive file audit process to ensure accurate and complete reporting. At this stage, each data element of your application is compared to each data element received from the primary source. Discrepant information may require additional follow-up for clarity.

Physician Information Profile Forwarded

FCVS mails all Profiles via overnight service to entities you designate in your application. FCVS will send you a letter informing you that your Profile has been sent. FCVS does not provide photocopies of Profiles to applicants. If you wish to review your Profile, you must contact the entity that received your Profile, or submit payment for a Subsequent Request with yourself as the recipient.

IX. TIME EXPECTATIONS TO PROCESS YOUR APPLICATION

The majority of processing time is dependent upon the timely and accurate responses of other institutions. Because of this, FCVS cannot guarantee that your file will be processed within a specific time frame. FCVS processes applications as quickly as possible in the order they are received and will not—under any circumstances—expedite processing of one file over the other.

FCVS has found that average processing time ranges from eight to ten weeks from the date of receipt, depending on the complexity of your file. Individual processing time will vary. Applications submitted between May 1st and August 30th (peak processing period) should expect processing to be delayed by 2-3 weeks.

X. COMMON QUESTIONS ABOUT APPLICATION PROCESSING

I need to start practicing very soon. Is there some way I can speed up this process?

The best way to expedite application processing is to make sure your application is 100% complete with all required information, documentation and fees before submitting it to FCVS. If your application is received without problems, your analyst can immediately begin verifying your credentials with your source institutions. In addition, you will improve response time from your sources if you provide specific contact names and precise, complete addresses.

I only have one certified birth certificate and don't want you to keep it. How do I get another one?

To obtain a certified birth certificate, you must contact the state Bureau of Vital Statistics or county health department in which you were born (each state is different). Most have toll-free numbers to take your request, and charge a nominal fee (usually about \$10).

I am hesitant to send you my original passport. How safe is it?

FCVS has received and safely returned thousands of passports through U.S. Postal Service Certified Mail. If desired, FCVS will work with you to make special mailing arrangements via another carrier; however, you will be responsible for all charges incurred. Contact our toll-free number (1-888-ASK-FCVS) for more information about special mailing arrangements.

My medical school is outside the U.S. and usually does not respond to verification requests. Will you send the documents to a friend/relative to hand-carry to the school?

No. FCVS must initiate and receive verification requests directly from the primary source. Any document found to have been handled by any entity other than the primary source institution is considered invalid.

I called my institution, and they never received your request for verification. Will you send another one?

FCVS mails verification requests directly to the addresses listed in the most recent edition of the Association of American Medical Colleges' (AAMC) *Directory of American Medical Education*, the American Medical Association's (AMA) *Graduate Medical Education Directory* and the World Health Organization's (WHO) *World Directory of Medical Schools*. FCVS will follow up with nonresponsive U.S./Canadian institutions (generally by telephone) after 21 days, and will send an additional written request to institutions outside the U.S. after 30 days.

How do I forward additional (Subsequent) Physician Information Profiles?

To have an additional Physician Information Profile forwarded to another entity of your choice, you must complete a Subsequent Request packet. To receive this packet by mail, call 1-888-ASK-FCVS, or send your request via e-mail at fcvs@fsmb.org (you must include your name, Packet ID Number and current address). To download the full version from the internet, visit our Web site at www.fsmb.org. This packet will instruct you how to complete the required forms and help you calculate the appropriate fees.

What state medical boards currently accept FCVS documents?

FCVS continues to add state medical boards to its roster of those that accept our documents. For the most current list, you can call 1-888-ASK-FCVS, or visit our website at www.fsmb.org.

Applicant: Print your complete last name: _____

7. Mailing Address

For communication
regarding your FCVS
application.

**It is your responsibility
to keep FCVS apprised
of all address changes.**

[illegible]

8. Permanent Address

If same as mailing,
check here: ☐

[illegible]

9. Telephone Numbers

U.S./Canadian
telephone numbers
only.

Business Phone - Ext.

Home Phone -

Business Fax -

Other (e.g., pager) -

10. E-mail Address(es)

List a primary and secondary e-mail address, if available.

[illegible]

11. Physical Description

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Physical Marks:

☐ I have no physical marks.

☐ I have the following physical marks:

| Description of Mark | Location |
|---------------------|----------|
| | |
| | |

12. Third-Party Authorization

Your FCVS file is confidential.

If you intend to have any person other than yourself communicate with FCVS about your application, you must complete this section.

[illegible]

By completing this section, you authorize FCVS to discuss the status of your FCVS application with the above-named individual. Specific information regarding qualitative aspects of your credentials (i.e., grades, examination scores, evaluations, etc.) will not be released under any circumstances.

13. Premedical Education

If you are a graduate of a medical school outside the U.S. or Canada, and have completed a six-year program, check the box below and proceed to the next page. ☐

List all colleges and/or universities you attended **prior** to medical school in chronological order.

You may photocopy this page to report more than four (4) institutions, if necessary.

If a break of six (6) months or more occurred during the attendance dates you provide, report the beginning and ending dates of this break on a separate 8½ x 11 sheet of paper. It is not necessary to report breaks between institutions.

Combined MD/PhD programs should be reported in Section 14, U.S./Canadian Medical Education.

Note:

FCVS does not verify premedical education (except in cases where credits were granted towards the medical degree). The information you provide will be reported exactly as it appears on this page.

| | | | | | | | | | | | | | | | | | | | | | | | | |
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| Name of Institution #1 | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | |
| Address | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | |
| City | | | | | | | | | | | | | | | | | | | | State | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | |
| Country | | | | | | | | | | | | | | | | | | | | Zip/Postal Code | | | | |
| From: <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black;"></div> | | | | | Year: <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black;"></div> | | | | | To: <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black;"></div> | | | | | Year: <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black;"></div> | | | | | Degree: <input type="checkbox"/> None <input type="checkbox"/> B.A. <input type="checkbox"/> B.S. <input type="checkbox"/> M.A. <input type="checkbox"/> M.S. <input type="checkbox"/> Other: _____ | | | | |
| Month | | | | | Year | | | | | Month | | | | | Year | | | | | | | | | |

Was any part of this education used as credit towards your medical degree? ☐ Yes ☐ No

| | | | | | | | | | | | | | | | | | | | | | | | | |
|------------------------------------------------------------------------------------------------------|--|--|--|--|------------------------------------------------------------------------------------------------------|--|--|--|--|----------------------------------------------------------------------------------------------------|--|--|--|--|------------------------------------------------------------------------------------------------------|--|--|--|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
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| Name of Institution #2 | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | |
| Address | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | |
| City | | | | | | | | | | | | | | | | | | | | State | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | |
| Country | | | | | | | | | | | | | | | | | | | | Zip/Postal Code | | | | |
| From: <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black;"></div> | | | | | Year: <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black;"></div> | | | | | To: <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black;"></div> | | | | | Year: <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black;"></div> | | | | | Degree: <input type="checkbox"/> None <input type="checkbox"/> B.A. <input type="checkbox"/> B.S. <input type="checkbox"/> M.A. <input type="checkbox"/> M.S. <input type="checkbox"/> Other: _____ | | | | |
| Month | | | | | Year | | | | | Month | | | | | Year | | | | | | | | | |

Was any part of this education used as credit towards your medical degree? ☐ Yes ☐ No

| | | | | | | | | | | | | | | | | | | | | | | | | |
|------------------------------------------------------------------------------------------------------|--|--|--|--|------------------------------------------------------------------------------------------------------|--|--|--|--|----------------------------------------------------------------------------------------------------|--|--|--|--|------------------------------------------------------------------------------------------------------|--|--|--|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
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| Name of Institution #3 | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | |
| Address | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | |
| City | | | | | | | | | | | | | | | | | | | | State | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | |
| Country | | | | | | | | | | | | | | | | | | | | Zip/Postal Code | | | | |
| From: <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black;"></div> | | | | | Year: <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black;"></div> | | | | | To: <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black;"></div> | | | | | Year: <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black;"></div> | | | | | Degree: <input type="checkbox"/> None <input type="checkbox"/> B.A. <input type="checkbox"/> B.S. <input type="checkbox"/> M.A. <input type="checkbox"/> M.S. <input type="checkbox"/> Other: _____ | | | | |
| Month | | | | | Year | | | | | Month | | | | | Year | | | | | | | | | |

Was any part of this education used as credit towards your medical degree? ☐ Yes ☐ No

| | | | | | | | | | | | | | | | | | | | | | | | | |
|------------------------------------------------------------------------------------------------------|--|--|--|--|------------------------------------------------------------------------------------------------------|--|--|--|--|----------------------------------------------------------------------------------------------------|--|--|--|--|------------------------------------------------------------------------------------------------------|--|--|--|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
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| Name of Institution #4 | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | |
| Address | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | |
| City | | | | | | | | | | | | | | | | | | | | State | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | |
| Country | | | | | | | | | | | | | | | | | | | | Zip/Postal Code | | | | |
| From: <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black;"></div> | | | | | Year: <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black;"></div> | | | | | To: <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black;"></div> | | | | | Year: <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black;"></div> | | | | | Degree: <input type="checkbox"/> None <input type="checkbox"/> B.A. <input type="checkbox"/> B.S. <input type="checkbox"/> M.A. <input type="checkbox"/> M.S. <input type="checkbox"/> Other: _____ | | | | |
| Month | | | | | Year | | | | | Month | | | | | Year | | | | | | | | | |

Was any part of this education used as credit towards your medical degree? ☐ Yes ☐ No

18. Examination History

Provide the most recent examination date and total number of attempts for each examination you have taken for purposes of state medical licensure.

Many applicants confuse NBME Parts with USMLE Steps. Please be certain to accurately report your examination history. Incorrectly reported examinations will result in delays and additional verification surcharges.

| Examination: | Most Recent Attempt: | | No. of Attempts: | State Board Sponsor: |
|-------------------------------|----------------------|--------------------------------------------------------------------|----------------------|-----------------------------------------------|
| | Month | Year | | |
| State Board Exam ¹ | <input type="text"/> | <input type="text"/> 1 <input type="text"/> 9 <input type="text"/> | <input type="text"/> | <input type="text"/> |
| FLEX Pre-1985 | <input type="text"/> | <input type="text"/> 1 <input type="text"/> 9 <input type="text"/> | <input type="text"/> | <input type="text"/> |
| FLEX Component 1 | <input type="text"/> | <input type="text"/> 1 <input type="text"/> 9 <input type="text"/> | <input type="text"/> | <input type="text"/> |
| FLEX Component 2 | <input type="text"/> | <input type="text"/> 1 <input type="text"/> 9 <input type="text"/> | <input type="text"/> | <input type="text"/> |
| LMCC | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> N <input type="text"/> A |
| NBME Part I | <input type="text"/> | <input type="text"/> 1 <input type="text"/> 9 <input type="text"/> | <input type="text"/> | <input type="text"/> N <input type="text"/> A |
| NBME Part II | <input type="text"/> | <input type="text"/> 1 <input type="text"/> 9 <input type="text"/> | <input type="text"/> | <input type="text"/> N <input type="text"/> A |
| NBME Part III | <input type="text"/> | <input type="text"/> 1 <input type="text"/> 9 <input type="text"/> | <input type="text"/> | <input type="text"/> N <input type="text"/> A |
| NBOME Part I | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> N <input type="text"/> A |
| NBOME Part II | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> N <input type="text"/> A |
| NBOME Part III | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> N <input type="text"/> A |
| NBOME COMLEX-USA | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> N <input type="text"/> A |
| SPEX | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| USMLE Step 1 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> N <input type="text"/> A |
| USMLE Step 2 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> N <input type="text"/> A |
| USMLE Step 3 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

¹ State Board examinations are those that were developed and administered specifically by state licensing authorities. Some states have never administered state board examinations and therefore do not apply. Do not confuse these examinations with national licensing examinations such as the NBME, NBOME or USMLE.

19. Recipient Designation

You must designate each professional licensing board, hospital, or other credentialing entity where you want your Profile sent.

Addresses are not required for state medical boards.

If you wish to send your Profile to more than 10 entities at the same time, discounts may apply. Please call FCVS for more information.

You may indicate additional commercial recipients on a separate 8½ x 11 sheet of paper.

- ☐ I am undecided about where my Profile should be sent (See "Undecided Applicants" on page 5 of the Instructions).
- ☐ I wish to forward my Profile to the following state medical board(s):

- | | |
|----------|----------|
| 1) _____ | 5) _____ |
| 2) _____ | 6) _____ |
| 3) _____ | 7) _____ |
| 4) _____ | 8) _____ |

- ☐ I wish to forward my Profile to the following commercial entity or hospital:

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-------------------------------------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|-----------------|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Complete Name of Recipient (Do not abbreviate) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Contact (individual to whom your Profile will be addressed) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address Line 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address Line 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City | | | | | | | | | | | | | | | | | | | | State/Province | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Country (U.S. or Canada only) | | | | | | | | | | | | | | | | | | | | Zip/Postal Code | | | | | | | | | |

20. Fee Calculation

To avoid processing delays, please refer to page 3 of the FCVS Instructions (Fees).

If you are uncertain about any aspect of fee calculation, call 1-888-ASK-FCVS for assistance.

Refunds for overpayment will be initiated at the time your Profile is completed.

IMPORTANT:

If you checked "Undecided" in the Recipient Designation section (section 19), do not include Examination Score Transcript fees at this time. You will be invoiced for the correct amount when you designate a recipient of your Profile.

| | | |
|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|
| Method of Payment: | <input type="checkbox"/> Check | <input type="checkbox"/> Money Order |
| Check/Money Order #: | _____ | |
| Name on Check: | _____ | |
| A. | Application Fee (includes forwarding one (1) Physician Information Profile) | 2 5 0 . 0 0 |
| B. | Fee to Forward Additional Physician Information Profile(s) _____ Profiles x \$50.00 each | . 0 0 |
| C. | Examination Score Transcript Fee | |
| | 1. USMLE Steps 1, 2 and 3 Pre-1985 FLEX FLEX Component 1 & 2 SPEX _____ transcripts x \$40.00 | . 0 0 |
| | 2. NBME Transcripts (NBME Parts I, II and III) _____ transcripts x \$ 40.00 _____ transcripts x \$ 20.00 _____ transcripts x \$ 5.00 | . 0 0 |
| | 3. NBOME Transcripts (NBOME Parts I, II and III / COMLEX USA) _____ Check here if this is your <i>initial</i> transcript (no charge) _____ transcripts x \$40.00 | . 0 0 |
| | 4. Licentiate of the Medical Council of Canada (LMCC) \$75.00 (one time charge) | . 0 0 |
| | 5. State Board Examinations (Indicate Board(s): _____) _____ transcripts x \$ _____ _____ transcripts x \$ _____ | . 0 0 |
| D. | ECFMG Certification Confirmation Fee _____ confirmation(s) x \$25.00 | . 0 0 |
| E. | Shipping and Handling (if applicable) Passport - \$5.00 International Express Mail (see Section 16) - \$15.00 | . 0 0 |
| TOTAL FEE SUBMITTED: | | . 0 0 |

21. Required Documents

Please use this checklist to be certain you have submitted all required documents. Some may not apply.

| | |
|----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Certified Birth Certificate | <input type="checkbox"/> Photocopy of ECFMG Certificate |
| - or - | |
| <input type="checkbox"/> Original Passport (with explanation) | <input type="checkbox"/> Affidavit and Release from Applicant Form |
| <input type="checkbox"/> Documentation (or Explanation) of Use of Alternate Name | <input type="checkbox"/> Authorization and Release of Information, Documents and Records Form |
| <input type="checkbox"/> 8½ x 11 Photocopy of Medical School Diploma | <input type="checkbox"/> NBME Examination History Release |
| <input type="checkbox"/> Photocopy of Fifth Pathway Certificate | <input type="checkbox"/> Photocopies of Medical Education Credentials (International Graduates Only) |

22. Signature

IMPORTANT:

Failure to complete this section will suspend all processing of your application.

I, the undersigned, hereby certify that I have read the "Instructions for Completing the FCVS Application" and agree to the terms and conditions set forth therein. Furthermore, I acknowledge that I have answered all questions and reported all information in this application truthfully and completely.

Signature _____

Date _____

AFFIDAVIT AND RELEASE

I, the undersigned, hereby certify under oath that I am the person named in this application, that all statements I have or shall make are true, that I am the person named in the various forms and credentials furnished or to be furnished with respect to my application and that all documents, forms or copies I furnish with my application are strictly true.

I acknowledge that I have read and understand the "INSTRUCTIONS FOR COMPLETING THE FCVS APPLICATION" and have answered all questions contained in the application truthfully and completely. I further acknowledge that failure on my part to answer questions truthfully and completely may lead to my being prosecuted under appropriate federal and state laws.

I authorize every person, hospital, clinic, government agency (local, state, federal or foreign), institution or law enforcement agency having custody or control of any documents, records and other information pertaining to me to furnish to the Federation Credentials Verification Service any such information, or true and correct copies of documents or records.

I hereby release, discharge and hold harmless the Federation Credentials Verification Service, its agents or representatives and any person furnishing information, records or documents of any and all liability. I authorize the Federation Credentials Verification Service to release information, material, documents, orders or the like relating to me or this application to any entity at my request.

Applicant's Signature (must be signed in the presence of a notary)

Applicant's **Printed** Last Name

Applicant's **Printed** First Name, Middle Initial, and Suffix (e.g., Jr.)

Date of Signature (must correspond to date of notarization)

Securely tape or glue in this square a current front-view 2" x 2" passport-type color photograph of yourself (alone).

Sign across the bottom of the photo.
Do not sign the back.

SEAL:

The notary's seal must be partly upon the photo and partly upon the signature of the applicant.

State of _____, County of _____,

I certify that on the date set forth below the individual named above did appear personally before me and that I did identify this applicant by: (a) comparing his/her physical appearance with the photograph on the identifying document presented by the applicant and with the photograph affixed hereto, and (b) comparing the applicant's signature made in my presence on this form with the signature on his/her identifying document. The statements on this document are subscribed and sworn to before me by the applicant on this _____ day of _____, 19____.

Notary Public signature: _____

My commission expires: _____

Notary:

The physician has been instructed to sign the front of the photograph.
Your seal (or stamp) must be partly upon the photo and partly upon the signature of the applicant.

AUTHORIZATION FOR RELEASE OF INFORMATION, DOCUMENTS AND RECORDS

I, the undersigned, hereby designate the Federation Credentials Verification Service to collect, verify and maintain information and copies of documents and records that can subsequently be provided to professional licensing boards, hospitals and other entities when I apply for licensure, staff membership, employment or other privileges.

I request and authorize every person, institution, professional licensing board of any state in which I hold or may have held a license to practice my profession, hospital, clinic, government agency (local, state, federal or foreign), law enforcement agency or other third parties and organizations, and their representatives, to release information, records, transcripts and other documents, concerning my professional qualifications and competence, ethics, character and other information pertaining to me to the Federation Credentials Verification Service.

I further request and authorize that the requested information, documents and records be sent directly to:

Federation Credentials Verification Service
Federation Place
400 Fuller Wiser Road, Suite 300
Euless, TX USA 76039-3855

Immunity and Release

I hereby extend absolute immunity to, and release, discharge and hold harmless from any and all liability: 1) the Federation Credentials Verification Service, its agents, representatives, directors and officers; 2) other agencies, institutions, hospitals and clinics providing information, their representatives, directors and officers; and 3) any third parties and organizations for any acts, communications, reports, records, transcripts, statements, documents, recommendations or disclosures involving me, made in good faith and without malice, requested or received by the Federation Credentials Verification Service.

By my signature below, I acknowledge that information, documents and records required to be furnished by another organization, educational institution, hospital, individual or any person or groups of persons must be sent directly by such persons to FCVS. I understand that FCVS will not accept such information, records or documents forwarded by me.

**A photocopy or facsimile of this authorization shall be as valid as the original
and shall be valid from the date signed.**

Signature

Date of Signature

Printed Last Name, First Name, Middle Initial, Suffix (e.g., Jr.)

Date of Birth (month/day/year)

Social Security Number

Securely tape or glue in this square a current front-view 2" x 2" passport-type color photograph of yourself (alone).

Sign across the bottom or top of the photo. Do not sign the back.

PACKET ID:

Federation Credentials Verification Service
Questions? Call 1-888-ASK-FCVS

NBME® EXAMINATION HISTORY RELEASE

Required only for Verification of NBME Part I, II and III Examinations

The Federation Credentials Verification Service (FCVS) is responsible for obtaining verification of your examination history according to the requirements of the medical licensing authority(ies) where you are having your Physician Information Profile sent. In the case of the National Board of Medical Examiners (NBME), medical licensing authorities have the option of requiring either or both of two types of examination verification: 1) an endorsement of your National Board certification; or 2) a Record of Scores.

NBME Endorsement of Certification

The NBME Endorsement of Certification (only for NBME diplomates) will show the following:

- Your most recent passing scores for the NBME Part I, II and III upon which your certification is based
- Complete examination history for any USMLE Steps upon which certification is based
- Your diplomate status and certificate number

NBME Record of Scores

The NBME Record of Scores will show a **complete** examination history, indicating the date and score for **all** NBME Part I, II and/or III attempts, and, if you have met licensing examination requirements through a combination of NBME Parts and USMLE Steps, indicating the date and score for all USMLE Step 1, 2 and/or 3 attempts.

To facilitate this request, the NBME requires that you complete the following release:

To the National Board of Medical Examiners:

I, _____ hereby request the National Board of Medical
(Type/Print your complete name)

Examiners (NBME) to comply with the written request accompanying this release made by the Federation Credentials Verification Service (FCVS) on my behalf. If applicable pursuant to the accompanying request, I authorize the NBME, its staff and/or representatives to forward my Endorsement of Certification directly to FCVS. Furthermore, if applicable pursuant to the accompanying request, I authorize the NBME, its staff and/or representatives, to provide directly to FCVS a **complete** examination history in the form of a Record of Scores, whether or not such information is favorable or unfavorable. I hereby release from any and all liability the NBME, its staff and/or representatives, for any and all acts performed in fulfilling this request, provided that such acts are performed in good faith and without malice. I also acknowledge that a photocopy or facsimile of this authorization shall be valid as the original and shall be valid from the date signed.

Signature Date

Printed Name (First, Middle, Last)

Medical School

Year of Graduation

NBME Identification Number (if known)

Please provide your current address (optional):

Current Mailing Address

City State Zip

PACKET ID:

Federation Credentials Verification Service

EXPLANATION OF ALTERNATE NAME FORM

Use this form to explain the use of any name(s) not supported by the identity document(s) submitted with your application. Do not write on the back of this form. If additional space is required, please make a photocopy(ies). Be certain to sign the form in the space provided at the bottom of the page.

| | |
|---------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Current Name | <div>The name you report here must be the name under which your FCVS application is submitted.</div> <div>Last Name (Surname) and Generational Suffix</div> <div>First and Middle Name(s)</div> |
| Alternate Name | <div>Last Name (Surname) and Generational Suffix</div> <div>First and Middle Name(s)</div> <div>Explanation of Use of Name:</div> |
| Alternate Name | <div>Last Name (Surname) and Generational Suffix</div> <div>First and Middle Name(s)</div> <div>Explanation of Use of Name:</div> |
| Alternate Name | <div>Last Name (Surname) and Generational Suffix</div> <div>First and Middle Name(s)</div> <div>Explanation of Use of Name:</div> |
| Signature (Required) | <div>Signature</div> <div>Date</div> |